

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)	SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		0		1		
8	1		1			
9		1				
10		2				
11		2				
12		0				
13	1		1			
14		1				
15		1				
16		1				
17		1				
18		5				
19	1		1			
20		1		1		
21		2		2		
22	1		1			
23		1				
24		1				
25		3				
26		3				
27		0				
28	1		1			
29		1		1		
30	1		1			
31		1				
32		2				
33		2				
34		0				
35		0				
36	1		1			
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		8		8		
TOTAL CLAIMS	1	8	1	8		

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								